

**PART B - FEE(S) TRANSMITTAL**

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax (571) 273-2885**

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

26694 7590 10/20/2005

**VENABLE LLP**  
**P.O. BOX 34385**  
**WASHINGTON, DC 20045-9998**

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/625,508	07/24/2003	Paul V. Kelley	29953-190099	9007

TITLE OF INVENTION: BASE HAVING A FLEXIBLE VACUUM AREA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	01/20/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
WEAVER, SUE A	3727	215-383000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>VENABLE</u> 2 <u>James R. Burdett</u> 3 <u>Jeffri A. Kaminski</u>
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**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Graham Packaging Company, L.P.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

York, PA

01/19/2006 JADD02 00000055 220261 10625508

01 FC:1501 1400.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies \_\_\_\_\_

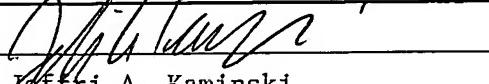
4b. Payment of Fee(s):

- A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 22-0261 (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature 

Date 1/18/2006

Typed or printed name Jeffri A. Kaminski

Registration No. 42,709

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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*Effective on 12/08/2004.*

**Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**

# **FEE TRANSMITTAL**

## **For FY 2005**

Applicant claims small entity status. See 37 CFR 1.27

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number	
<b>Effective on 12/08/2004.</b>	
<b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>	
<b>FEE TRANSMITTAL</b>	
<b>For FY 2005</b>	
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27
<b>TOTAL AMOUNT OF PAYMENT</b>	
(\$)	
1,700.00	
<b>Complete if Known</b>	
Application Number	
10/625,508-Conf. #9007	
Filing Date	
July 24, 2003	
First Named Inventor	
Paul Kelley	
Examiner Name	
S. A. Weaver	
Art Unit	
3727	
Attorney Docket No.	
29953-190099	

**METHOD OF PAYMENT** (check all that apply)

Check    Credit Card    Money Order    None    Other (please identify): \_\_\_\_\_  
 Deposit Account   Deposit Account Number: 22-0261   Deposit Account Name: \_\_\_\_\_ Venable LLP

**For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)**

Charge fee(s) indicated below       Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17       Credit any overpayments

## **FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## **2. EXCESS CLAIM FEES**

**Fee Description**

**Each claim over 20 (including Reissues)**

Each independent claim over 3 (including Reissues)

#### Multiple dependent claims

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>
_____	- 20 = _____	x _____	= _____	<b>Fee (\$)</b> <b>Fee Paid (\$)</b>

Indep. Claims      Extra Claims      Fee (\$)      Fee Paid (\$)

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\_\_\_\_\_ - 3 = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

**Multiple Dependent Claims**

### **3. APPLICATION SIZE FEE**

### **3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**  
\_\_\_\_\_ - 100 = \_\_\_\_\_ /50 \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1501 Utility issue fee 1504 Publication fee for early, voluntary, or normal ... 1,400.00  
300.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	42,709	Telephone	(202) 344-4000
Name (Print/Type)	Jeffri A. Kaminski		Date	January 18, 2006	